

ART. XXV.—*Transactions of the Obstetrical Society of London.* Vol. XVI.
For the year 1874. 8vo. pp. 275. London: Longmans, Green & Co., 1875.

At the annual meeting in January, Dr. EDW. J. TILT, the President, delivered the usual address, which upon this occasion was short, and mainly devoted to obituary notices of members deceased within the year, and to matters of public medical interest, local in character. The number of members is stated at 656, and the minutes show an average attendance of 33 to 55. Dr. Tilt dwelt at some length upon the necessity of compulsory education for English midwives, and gave a statement of the efforts that had been made to have the necessary bill passed by Parliament, and what steps had been effected towards it. We quote an important passage, as follows:—

“While our legislators have been careful to protect the life of the immature burden of a woman's womb, they are obtusely negligent of the risk to life incurred by thousands of poor women, able to safely bring forth perfect children if they had been only provided with fairly educated midwives. Again, this legislator is so impressed with the sanctity of life that, should a woman condemned to death be found pregnant, he postpones her execution until the child be born, supplying her with skillful attendance and every comfort, and yet he cares not how many thousand poor, hard-struggling and uncomplaining women about to be confined, are handed over to the tender mercies of incompetent women, whose ignorance is often alike fatal, whether rashness prompts them to expedite labour, or fear compels them to let slip the proper time for action.” (page 25.)

On the Necessity for Caution in the Employment of the Intra-uterine Stem. By ARTHUR W. EDIS, M.D.—Dr. Thomas, of New York, in his recent edition, speaking of the intra-uterine or stem pessary, says that “it has been found to cause peritonitis and death in a number of instances, and in consequence it has been almost entirely abandoned. A faithful trial of the instrument for twenty years by capable practitioners in different parts of the world has not resulted in a verdict in its favour.” (page 3.) “The more I see of cases of flexion, the less do I feel disposed to insert stems,” “except after careful preliminary treatment and supervision of the patients.” (page 4.)

Dr. Edis reports four cases in proof of his position, viz.: No. 1, sterile, ten years married, 32, subject to dysmenorrhœa, cook. Was thirteen weeks in bed after use of stem pessary, with violent symptoms, then twelve weeks in hospital; out of place two years: and still suffering from uterine enlargement, adhesions, and pains in defecation, with frequent calls to urinate, accompanied with severe smarting pain, nearly five years afterwards. No. 2, 29, married two years and a half, suffering from cervico-endometritis, uterus slightly anteflexed. Use of stem followed by pelvic cellulitis, the womb becoming fixed by surrounding deposit, causing much distress by pressure on neck of bladder. No. 3, 30, sterile, married six years, uterus anteflexed, and posteriorly to it a cyst the size of an orange, supposed to be the left ovary. Patient anxious for family; sound passed several times, then stem inserted; well for three weeks, then feverish symptoms followed by an attack of pelvic cellulitis confining her to bed nearly two months. No. 4. 23, married three years and a half, one premature birth; had dysmenorrhœa from anteflexion and chronic metritis. Treated with use of iodide of potassium, occasionally leeching, use of graduated bougies, etc., until dysmenorrhœa ceased. Patient anxious for family; os divided by urethrotome and silver stem passed. Twenty-three days after introduction had a rigor; pulse ran up to 132, and temperature to 103½° Fahr.; stem removed

at end of a week when apparently doing well, collapse set in suddenly, and she died in a month from the day of insertion. No post-mortem allowed. Collapse supposed to indicate the bursting of an abscess into the peritoneum.

Dr. Savage said that seven fatal cases had been brought to his notice, and remarked that uterine tolerance was very capricious; and that the employment of the stem, no matter what its shape, size, or character, was always attended with risk, and should never be resorted to without the opportunity of frequent watching. They might be tolerated for days, weeks, or even months, and then signs of severe pelvic mischief might supervene.

On the Management of Difficult Labour with a Minor Degree of Contraction of Brim. By A. B. STEELE, L.K.Q.C.P.I.—The contra-indications of turning under any circumstances are stated to be as follows, viz.: “1. A conjugate diameter narrowed to less than three inches. 2. Firm and close contraction of the uterus round the child. 3. Impaction, or very firm settling of the head in the brim of the pelvis. 4. Marked exhaustion or prostration of the mother.” Craniotomy is said to be fatal to the mother in one out of five cases, and turning one in fifteen or sixteen.

Quite an excitement was produced at the meeting in March, it having been announced that a certain Mrs. Anderson would be a candidate for election to fellowship, and 106 fellows were present. After a long discussion, it was decided, with but one dissenting vote, that the by-laws did not allow of the admission of women.

On the Propriety of Administering Iron during Pregnancy as a Preventive of Post-partum Hemorrhage. By JOHN BASSETT, M.D.—The author introduces his remarks by stating that he had had a wide experience, and had “carefully watched all the phenomena connected with flooding for a period of more than five and twenty years.” He claims that women who are subject to post-partum hemorrhage will generally be found to exhibit signs of defective health during the pregnant state, as shown by dyspeptic symptoms, weak muscular fibre, easy fatigue, nervousness, antipathy to animal food, etc.; and that such cases are greatly benefited by preparatory medical treatment.

“As regards the method carried out I have usually advised my patients to see me when a little more than seven months advanced in pregnancy, and earlier than this if they found anything amiss with themselves; I have then prescribed iron in combination with an acid or an alkali, as the circumstances seemed to indicate; if the arterial tension justified and the secretion from the kidneys was defective, potash was usually administered; if, on the other hand, the liver appeared to be sluggish and the skin sallow, then soda was preferred; in other instances when pain was complained of, and an acid was grateful to the palate, the tincture of steel was ordered with hydrochloric acid and columba.”

Dr. Barnes spoke of the supposed danger of abortion from the use of iron, but had given it in numerous instances with safety, and believed it a safe remedy where anæmia was present in pregnancy.

On Lymphangitis in Pelvic Pathology. By EDWARD JOHN TILT, M.D.—This monograph by the President occupies 36 pages of the Transactions, and being in a measure a new subject, cannot be satisfactorily condensed; we must therefore refer the student of uterine pathology to the original, appended to which he will find the names of twenty-six authors quoted, with the titles of their works. The question of the origin of acute inflammatory attacks in the uterus and its appendages, is one of great pathological interest, although in the treatment, it is not very material whether the disease commences in the lymphatics, veins, or both. We may no doubt have septic poisoning from both, or either; but which is more frequently primarily affected is difficult to deter-

mine positively and satisfactorily. If it could be made clear that erysipelas was merely inflammation of the ultimate reticulation of the cutaneous lymphatics, then we would have reason to believe that puerperal peritonitis, from its intimate relations with this disease, might have a similar pathological character. Dr. Tilt says, page 133, "On finding post-mortem evidences of phlebitis, the pathologist did not look for lymphangitis which often coexists; pus in small lymphatics was overlooked, and when met with in large lymphatics, they have been actually mistaken for veins." This refers to the examinations of forty years ago. He also remarks of phlebitis, that it afforded so satisfactory an explanation of many diseases, and was so comparatively easy of anatomical demonstration, that it became recognized as the best explanation of a host of morbid phenomena.

On Vaginismus (Dyspareunia of Dr. Barnes). By Dr. W. SCHUEGIERIEF, Physician to Moscow Hospital.—Dr. S. claims that this diseased condition was first described in 1860, by Dr. Simpson, in paper entitled "Vaginodynia, or a painful vascular and fascial contraction of the vaginal canal," the year before Dr. Sims presented his account to the Obs. Soc. Lond. The pathological conditions are differently stated by the two writers, the former giving two varieties of the disease, one due to excessive sensibility and spasmodic contraction; the other to an irritating eruption, erosion, or some pathological condition of the mucous lining of the vagina or vulva. Dr. Sims considers the disease to be an extraordinary hyperæsthesia of the hymen and vulvar entrance connected with a strong and involuntary spasmodic contraction of the sphincter vagina.

Dr. Schuegierief reports three cases bearing upon the pathology of the disease, viz. :—

No. 1. Unmarried; æt. 30; hymen normal in appearance; complained of urination being stopped by sudden violent pain in the genitals with spasm of the urethra, after the subsidence of which, the urine could be again passed until the same spasm arrested it, and so on for several times until the bladder was emptied. Catheterism gave no pain; health not impaired; when the edge of the hymen was touched at the middle of its free portion, and at two other points with a sound, a spasm with pain was produced, and the urethra closed upon the catheter or violently pushed it out if but slightly introduced. Urine dropped upon the same points produced a similar result, and accounted for the difficulty during urination. Except at the three sensitive points found, the hymen was normal as to sensibility. It was not inflamed or eroded, and the orifice of the urethra was neither red nor swollen.

No. 2. Married four years and childless; æt. 20; spasm of vagina came on after an illness when six months married, attended with convulsions and syncope as the result of intercourse. Fourchette, posterior commissure, and fossa navicularis found red, eroded, and sensitive; mouth of vagina red, swollen, and partly excoriated. Under anæsthesia, uterus found slightly retroverted, noted subacute vaginitis, cervix and canal covered with livid cedematous granulations partly covered by pus.

No. 3. Married five years; æt. 25; no complete sexual intercourse to date. Found no hymen, meatus urinarius normal as to appearance and sensitiveness; labia minora likewise. "In the groove between the large and small labia, nearer to the latter on the posterior part of the vulva, eight scattered papillæ could be detected; their ends were widened and ramified, even and rough from the loss of the epithelium." These bodies were exquisitely sensitive to the touch, causing the patient to shriek with pain. Their removal was effected under complete anæsthesia, but required the aid of two assistants, three strong midwives, and two nurses, to hold the patient, who after the operation stated that she had felt no pain. The bodies removed were the remains of the hymen, and their ablation cured the woman effectually.

Cases of Retroversion of the Gravid Uterus. By HENRY GERVIS, M.D.—This paper of ten pages, with eight pages of discussion upon it, constitutes one of the most valuable articles in the Transactions. Dr. Gervis reports three cases, all of which had their uteri replaced after catheterization, but two of them ended fatally. Dr. Simon, of Jamaica, reports one case with a favourable result, and mentions a marked protrusion of the perineum as a diagnostic sign. Numerous others were mentioned by the parties in the discussion, most of which by early recognition and relief had terminated favourably. A difference of opinion was expressed as to the importance of the knee and elbow position in replacement, some regarding it as indelicate, objectionable, and non-essential, whilst others thought the aid of gravity important, and outweighing the indelicacy of the position. The danger of this form of retroversion appears to lie in the injury done to the bladder, setting up gangrene of its mucous lining and retrograde damage to the kidneys, with shock and exhaustion due to blood-poisoning from septic infection. No case of rupture was mentioned, and it is doubtful whether this is one of the dangers to be apprehended, although stated to be by Dr. Rigby. According to Dr. Barnes, blood-poisoning is the chief danger; to Dr. T. Smith, peritonitis and irritative fever; to Dr. Ramsbotham irritative fever and local mischief.

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ART. XXVI.—*St. George's Hospital Reports.* Edited by JOHN W. OGLE, M.D., F.R.C.P., and TIMOTHY HOLMES, F.R.C.S. Vol. VII., 1872-4. 8vo. pp. xii., 396. London: J. & A. Churchill, 1875.

A PERIOD of two years has elapsed since the publication of the sixth volume of these reports, and just as it seemed probable that the series was not to be further continued a seventh volume is issued from the press. This is made up partly of papers of a practical character, the outgrowth of the experience their writers have gained in the wards of the hospital: but partly also of articles better fitted for the pages of a medical journal. For this reason we think the present volume will not be found so valuable as some of its predecessors.

In accordance with our custom, we shall discuss the medical and surgical papers separately.

The first of the former is by Dr. EDWARD T. WILSON, and is entitled *Questions connected with Vaccination*, in which the writer shows very clearly that if vaccination is less protective than formerly, it is due simply to the fact that the rules Jenner laid down for its performance are not so carefully followed as they should be. He recommends a frequent recourse to animal vaccination, very great success having attended this practice in Russia. He also recommends that several insertions should be made; since experience has shown that the liability to smallpox is inversely as the number of cicatrices.

Dr. JOHN CAVAFY contributes a paper *On the Effect produced on the Capillary Circulation by the Injection of Putrid Fluids into the Lymphatic System of Amphibia*, in which he shows that the injection of putrid animal fluids in relatively small quantity into the lymphatic system of amphibia is followed by inflammation, which is not to be distinguished from inflammation produced in other ways, except by the fact that it supervenes more rapidly. Larger doses act as a direct poison to the nervous system, causing paralysis of the heart, with consequent general circulatory stasis.